

CITY OF LAFAYETTE, INDIANA
IMPROVEMENT LOCATION (BUILDING) PERMIT APPLICATION
(REV 09/09)

PROJECT ADDRESS _____ STATE RELEASE # _____
SUBDIVISION _____ LOT NUMBER _____
PROJECT NAME (If available) _____

APPLICANT’S NAME/ADDRESS (Type or Print legibly)

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL ADDRESS: _____

PHONE: _____

OWNER’S NAME/ADDRESS (Type or Print legibly)

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL ADDRESS: _____

PHONE: _____

CONTRACTOR’SNAME/ADDRESS (Print legibly)

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL ADDRESS: _____

PHONE: _____

ADDITIONAL INFORMATION

Does the project have site plan approval? Yes☐ No☐ N/A ☐

Does this project have its state release? Yes☐ No☐

Current zoning designation: _____

Who should be contacted with questions concerning this application? _____

Describe Work _____

TOTAL VALUE OF PROJECT* \$ _____ Value To Include All Finish Work – Painting, Roofing, Electrical, Plumbing, Heating, Air Conditioning, Elevators, Fire Systems and Other Permanent Equipment.

TYPE OF PERMIT Building ☐ Access ☐ Electric ☐ Right-of-Way ☐ Demolition☐ Other☐

Lot Size: Lot acreage _____ Lot Square Foot _____ Lot Coverage _____%

Vegetative Cover _____% Total Square Footage of All Buildings _____

Proposed Building Setbacks: Front _____ Rear _____ Sides _____ / _____

No. Of Parking Spaces _____

(RESIDENTIAL ONLY) : Total Number Dwelling Units _____ Added _____ Removed _____
Garage Work: Is existing driveway hard surface? ☐ Or gravel? ☐ (If gravel, must put in hard surface)

(COMMERCIAL ONLY) : State released fire suppression, alarm system and hood systems plans must be submitted directly to the **LAFAYETTE FIRE DEPARTMENT**:

Total Sq. Ft .of Interior _____ Plans Not Required ☐ Plans Attached ☐ Fire Flow Test Results Attached ☐

I UNDERSTAND THAT A CERTIFICATE OF OCCUPANCY IS REQUIRED BEFORE THE BUILDING MAY BE OCCUPIED.
If construction has not started within 120 days, or is discontinued for 120 days, the permit is null and void. ☐

I UNDERSTAND that I am responsible for implementing and maintaining functioning erosion control measures for all construction activity associated with this project until project completion. I also acknowledge that I have read and am familiar with the storm water pollution prevention plan (SWPPP) and/or associated erosion control plans. ☐

SIGNATURE OF OWNER _____ **DATE** _____

RCVD DATE _____ **PERMIT #** _____ **INTERNAL REVIEW #** _____